



Docket No.: 0104-0527PUS1
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Jan ELLINGSEN et al.

Application No.: 10/010,140

Confirmation No.: 4761

Filed: December 6, 2001

Art Unit: 3738

For: MEDICAL PROSTHETIC DEVICES AND
IMPLANTS HAVING IMPROVED
BIOCOMPATIBILITY

Examiner: D. J. Isabella

AMENDMENT UNDER 37 C.F.R. § 1.111

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated May 19, 2005, please amend the above-identified
U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2
of this paper.

Remarks/Arguments begin on page 8 of this paper.

10/20/2005 SZEWDIE1 00000014 10010140

02 FC:1203

360.00 DP



AMENDMENT TRANSMITTAL LETTER				Docket No. 0104-0527PUS1	
Application No. 10/010,140-Conf. #4761		Filing Date December 6, 2001		Examiner D. J. Isabella	
Art Unit 3738					
Applicant(s): Jan ELLINGSEN et al.					
Invention: MEDICAL PROSTHETIC DEVICES AND IMPLANTS HAVING IMPROVED BIOCOMPATIBILITY					
MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	34	- 40 =		x	
Independent Claims	2	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					360.00
Other fee (please specify): Extension for response within second month					450.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					810.00
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Large Entity</div><div><input type="checkbox"/> Small Entity</div></div> <div><input type="checkbox"/> No additional fee is required for this amendment.</div> <div><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.</div> <div><input checked="" type="checkbox"/> A check in the amount of \$ 810.00 to cover the filing fee is enclosed.</div> <div><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</div> <div><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed.</div> <div><input checked="" type="checkbox"/> Credit any overpayment.</div> <div><input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.</div>					
<div>Paul C. Lewis Attorney Reg. No.: 43,368</div>				Dated: October 19, 2005	
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